

Foster Family Home - Corrective Action Report

Provider ID: 3-190057

Home Name: Rosalinda Ganir, CNA

Review ID: 3-190057-4

74-5044 Hua'ala Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 6/3/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 7/3/2021

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - CG#1-does not have evidence of current eCrim

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - CG#1, CG#4 and CG#6 did not have evidence of current TB clearance.

41.(b)(8) - CG#1 does not have evidence of current CPR/First Aid Training or Blood Borne Pathogen training

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CCFFH did not have evidence that fire drills have been conducted in the last 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - Client #1 did not have a current [REDACTED] in the file.

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Foster Family Home

Records

[11-800-54]

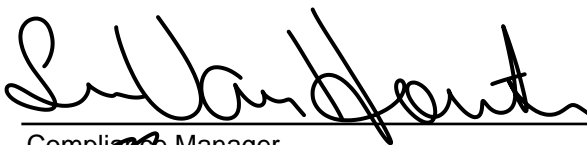
54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - Client #2 did not have medications documented between 5/25/21 through 6/1/21.

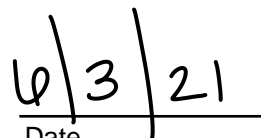
54.(c)(8) - Client #1 did not have evidence that a personal inventory was completed in the file.



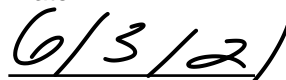
Compliance Manager



Primary Care Giver



Date



Date